DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: AVISTA CORPORATION

ADDRESS: PO BOX 3727

SPOKANE, WA 99220-3727

FACILITY: AVISTA CORPORATION - CABINET GORGE POWER STATION

LOCATION: 61940 HIGHWAY 200

CLARK FORK, ID 83811

ATTN: PAMELA KISH, ENV COORDINATOR

ID0027995	001-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITO	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							

DMR Mailing ZIP CODE:

99220-3727

MINOR

(SUBR 01)

TO THE CLARK FORK RIVER

External Outfall

No Discharge

		QUA	ANTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.3 MO AVG	.5 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	****	****	*****	NODI C	****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.3 MO AVG	.5 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	GRAB
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	*****	*****	*****	****	NODI C	*****				
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	200 WKLY AVG	*****	#/100mL		Monthly	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	****	NODI C	NODI C				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 DAILY MX	#/100mL		Monthly	GRAB

NAME/THEE PRINCIPAL EXECUTIVE OF HOER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, frue, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
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LOCATION: 61940 HIGHWAY 200

CLARK FORK, ID 83811

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ID0027995	001-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONITORING PERIOD						
MONITO	DRING PERIOD					
MONITO MM/DD/YYYY	DRING PERIOD MM/DD/YYYY					

DMR Mailing ZIP CODE:

99220-3727

MINOR

(SUBR 01)

TO THE CLARK FORK RIVER

External Outfall

No Discharge

		QUA	NTITY OR LOADING	}		QUALITY OR CON	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	****		*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.5 MO AVG	.75 WKLY AVG	mg/L		Weekly	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	*****	NODI C	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MN % RMV	*****	****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	*****	*****	NODI C	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	****	*****	%		Monthly	CALCTD

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PERMIT NUMBER	DISCHARGE NUMBER							
MONITO	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
07/01/2013	07/31/2013							

DMR Mailing ZIP CODE:

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MINOR

(SUBR 01)

TO THE CLARK FORK RIVER

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
OD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
0310 1 0 iffluent Gross	PERMIT REQUIREMENT	.3 MO AVG	.5 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	GRAB
OD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	*****				
0310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	GRAB
Н	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
0400 1 0 ffluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
colids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
0530 1 0 iffluent Gross	PERMIT REQUIREMENT	.3 MO AVG	.5 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	GRAB
folids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
0530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	GRAB
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
1616 1 0 iffluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	200 WKLY AVG	*****	#/100mL		Monthly	GRAB
. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
1648 1 0 ffluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	126 MO GEOMN	406 DAILY MX	#/100mL		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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PERMIT NUMBER	DISCHARGE NUMBER					
MONIT	ORING PERIOD					
MM/DD/YYYY	MM/DD/YYYY					
IVIIVI/UU/TTTT	IVIIVI/DD/TTTT					

DMR Mailing ZIP CODE:

99220-3727

MINOR

(SUBR 01)

TO THE CLARK FORK RIVER

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	*****		*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.5 MO AVG	.75 WKLY AVG	mg/L		Weekly	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	*****	*****	NODI C	****	****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

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DMR Mailing ZIP CODE: 99

99220-3727

MINOR

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TO THE CLARK FORK RIVER

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No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.3 MO AVG	.5 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	GRAB
3OD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	*****	*****	*****	NODI C	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	*****	mg/L		Monthly	GRAB
Н	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.3 MO AVG	.5 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	*****	****	Req. Mon. MO AVG	*****	mg/L		Monthly	GRAB
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	200 WKLY AVG	*****	#/100mL		Monthly	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
31648 1 0	PERMIT	*****	*****	*****	****	126	406	#/100mL		Monthly	GRAB

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SPOKANE, WA 99220-3727

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LOCATION: 61940 HIGHWAY 200

CLARK FORK, ID 83811

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(SUBR 01)

TO THE CLARK FORK RIVER

External Outfall

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PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.5 MO AVG	.75 WKLY AVG	mg/L		Weekly	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	*****	NODI C	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MN % RMV	****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

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BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	*****	****	*****	NODI C	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	GRAB
H	SAMPLE MEASUREMENT	****	****	*****	NODI C	****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.3 MO AVG	.5 WKLY AVG	lb/d	****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	GRAB
Coliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	****	*****	*****	****	NODI C	*****				
31616 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	200 WKLY AVG	*****	#/100mL		Monthly	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 DAILY MX	#/100mL		Monthly	GRAB

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PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	*****		*****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.5 MO AVG	.75 WKLY AVG	mg/L		Weekly	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	*****	*****	NODI C	****	****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

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	MM/DDAGGY							
MM/DD/YYYY	MM/DD/YYYY							

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PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	T EX	OF ANALYSIS	TYPE
OD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
0310 1 0 ffluent Gross	PERMIT REQUIREMENT	.3 MO AVG	.5 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	GRAE
OD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
0310 G 0 aw Sewage Influent	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	GRAB
1	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
0400 1 0 ffluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
olids, total suspended	SAMPLE MEASUREMENT	NODI C	NODI C		*****	NODI C	NODI C				
0530 1 0 ffluent Gross	PERMIT REQUIREMENT	.3 MO AVG	.5 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Monthly	GRAB
olids, total suspended	SAMPLE MEASUREMENT	****	****	*****	****	NODI C	****				
0530 G 0 aw Sewage Influent	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Monthly	GRAB
oliform, fecal MF, MFC broth, 44.5 C	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	****				
l616 1 0 fluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	200 WKLY AVG	*****	#/100mL		Monthly	GRAB
coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
1648 1 0 ffluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	406 DAILY MX	#/100mL		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	DATE	
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: AVISTA CORPORATION

ADDRESS: PO BOX 3727

SPOKANE, WA 99220-3727

FACILITY: AVISTA CORPORATION - CABINET GORGE POWER STATION

LOCATION: 61940 HIGHWAY 200

CLARK FORK, ID 83811

ATTN: PAMELA KISH, ENV COORDINATOR

ID0027995	001-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY							

DMR Mailing ZIP CODE:

99220-3727

MINOR

(SUBR 01)

TO THE CLARK FORK RIVER

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI C	****		*****	****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	MGD	*****	*****	****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	NODI C	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.5 MO AVG	.75 WKLY AVG	mg/L		Weekly	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	85 MN % RMV	****	****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	NODI C	****	****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	85 MN % RMV	*****	*****	%		Monthly	CALCTD

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	evaluate the information submitted. Based on my injury of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, frue, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR		
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER